Original – Clerk of the Court 4th copy – Court Administration 1st copy – Other Party 5th copy – Office of Child Support 2nd copy – Moving Party 6th Copy – Proof of Service 3rd copy – Friend of the Court

STATE OF MICHIGAN

$\hat{}$	۸	C	N	\sim

	13th	JUDICIAL CIRC		_	R ARREARAGE MENT PLAN		57. 6 2 1	. •
□280 V □203 E	Vashingtor Vashingtor : Cayuga S	n Street, Suite 100, Trave n Street, Suite 206, Trave street (personal delivery) nental Center Drive, Sui	erse City, MI (ca , P O Box 520 (a	ses 2001 forward) all mail), Bellaire, M	I 49615		Court Telephone I 231/922-4710 231/922-4679 231/533-6353 231/256-9824	Number
	tiff's name	nental Genter Drive, Gui	te 100, Oditoris	3ay, WI 49002	Defendant's name		231/230-9024	
Plaint	tiff's addre	ss and telephone no.			Defendant's addre	ss and	telephone no.	
				FIN	DINGS			
1.	A hear	ing was held on						
	Petitio			Date	, requested this Co	ourt en	iter an order for paymen	t plan pursuant to
3.	Payee			,	☐was not presen	t at he	earing.	
4.	Pavee	□did □did not co	nsent to entr	of order for pa	yment plan as to his o	or her	arrears.	
5.	□The		in the best in	terests of the pa	•		that the statutory require	ments have beer
6.		Court finds that it is IOT been met to en				child (ren) and that the statute	ory requirements
				ORDE	ER			
At a ses	sion of sai	d court held on						
☐ Pet	itioner/P	ayer shall make a li	ump sum pay	ment of \$	nth, for by ne following requireme		ths. 	
	titioner/P	ayer's Motion for A		•	DENIED.			
JUDGE Date		В	ar#	Date	REFEREE			Bar#
NOTE:	The Payer	must file a motion wit	h the Court at t	he completion of t	he payment plan for a dis	charge	of the remaining arrears.	
				CERTIFICA	TE OF MAILING			
		I certify that	on this date I ma	illed a copy of this N	Notion on		(name of party) at	
							(address of service) by	
				first class mail, certified mail, ret delivery of a cop	turn receipt requested, or y in person.			
		(date)			(moving pers	son)		
		(date)			(moving pers	-011)		